

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-024335

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 316

JUN 26 1962

Primary Registration District No.

Registrar's No.

264

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY St Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rt 1 Farmington, Mo		c. CITY OR TOWN Flat River, Missouri	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt 1 Farmington		d. STREET ADDRESS (If outside, give location) Flat River, Missouri	
3. NAME OF DECEASED (Type or print) First Lester Middle William Last Hente		4. DATE OF DEATH Month June Day 15 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH Jan 14, 1920
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hardware Manager		10b. KIND OF BUSINESS OR INDUSTRY Manager	
11a. FATHER'S NAME Theodore Hente		11b. MOTHER'S MAIDEN NAME Agusta Neidling	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		12b. INFORMANT Mr Wilbur Hente, Sturgis Michael	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Presumed to be "Natural Causes" DUE TO (b) Had been known to have heart condition. DUE TO (c) Investigated by Coroner.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE <i>Esther Rudloff</i> (Degree or title) Local Registrar		22b. ADDRESS Realty Bldg., Farmington, Mo.	
22c. DATE SIGNED 6-16-62		22d. ADDRESS Realty Bldg., Farmington, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-18-1962	23c. NAME OF CEMETERY OR CREMATORY Egypt Mills Cemetery	23d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo
24. FUNERAL DIRECTOR R. Caldwell & Sons		25. DATE RECD. BY LOCAL REG. June 16 1962	
26. ADDRESS Flat River, Mo		26. REGISTRAR'S SIGNATURE <i>Esther Rudloff</i>	

(Licensed Embalmers Statement on Reverse Side)

JUL 18 1962
JUL 24 1962
JUL 3 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Donald Dale Caldwell

Licensed Embalmer No. 5095

P. O. Address Flat River, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.